



Full Time Employees - Faculty, Sup/Conf, Administrators Employee Contribution Rates for 2025-2026 - ADJUSTED

The amount listed is the employee's **adjusted** share of the monthly premium and include District contribution for coverage beginning 7/1/2025 through 6/30/2026.

Pay Cycle	Anthem HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$658.71	\$384.57	\$1,044.78
11 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$718.59	\$419.53	\$1,139.75
10 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$790.45	\$461.48	\$1,253.73
12 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$531.55	\$275.58	\$866.16
11 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$579.87	\$300.63	\$944.90
10 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$637.86	\$330.70	\$1,039.39
12 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$363.70	\$131.71	\$630.38
11 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$396.76	\$143.68	\$687.68
10 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$436.44	\$158.05	\$756.45

Pay Cycle	Anthem PPO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$842.57	\$2,893.11	\$2,299.78	\$4,183.59
11 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$919.17	\$3,156.12	\$2,508.85	\$4,563.91
10 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,011.08	\$3,471.73	\$2,759.74	\$5,020.30
12 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$646.42	\$2,481.21	\$1,946.72	\$3,604.96
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$705.19	\$2,706.77	\$2,123.69	\$3,932.68
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$775.70	\$2,977.45	\$2,336.06	\$4,325.95
12 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$169.08	\$1,478.78	\$1,087.51	\$2,196.80
11 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$184.45	\$1,613.21	\$1,186.37	\$2,396.50
10 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$202.90	\$1,774.54	\$1,305.01	\$2,636.15
12 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$0.00	\$1,059.35	\$727.98	\$1,607.59
11 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$0.00	\$1,155.65	\$794.16	\$1,753.73
10 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$0.00	\$1,271.22	\$873.58	\$1,929.10

Pay Cycle	Kaiser HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$630.52	\$458.75	\$926.98
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$687.84	\$500.45	\$1,011.25
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$756.62	\$550.50	\$1,112.37
12 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$321.23	\$177.60	\$505.24
11 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$350.43	\$193.75	\$551.17
10 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$385.48	\$213.12	\$606.28
12 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$183.55	\$52.39	\$317.46
11 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$200.24	\$57.15	\$346.31
10 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$220.26	\$62.87	\$380.95

Pay Cycle	Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
11 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
12 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
11 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00



For questions, please email our Benefits Office at benefits@msjc.edu. For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner